



The Regulation and
Quality Improvement
Authority

The Cottages
RQIA ID: 1224
Shepherds Way
Dungiven Road
Derry
BT47 5GW

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**Unannounced Care Inspection
of
The Cottages

09 June 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of inspection

An unannounced care inspection took place on 9 June 2015 from 9 50 to 2 30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Mrs Jenny Gibson as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust	Registered Manager: The registered manager resigned from the post in June 2015. Mrs Alice Boyle (deputy manager) is acting manager while a new manager is recruited.
Person in Charge of the Home at the Time of Inspection: Mrs Jenny Gibson	Date Registered: 6 June 2013
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 7
Number of Residents Accommodated on Day of Inspection: 7	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 1: Residents' Involvement

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

Accidents and incidents reports notified to RQIA

The returned QIP. from the previous inspection

During the inspection the inspector met with 2 residents and 2 care staff. No visiting professionals and no resident's visitors/representative.

We inspected the following records:

Policy on the management of continence

Care files (5)

Monthly monitoring reports

Accident and incident records

Complaints records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 31 March 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection on 27 November 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 10.1	The home should devise and implement a policy on Challenging Behaviour.	Met
	Action taken as confirmed during the inspection: A policy on challenging behaviour had been devised and implemented.	
Requirement 2 Ref: Regulation 13.1	The home should devise and implement a policy on the Provision of Activities.	Met
	Action taken as confirmed during the inspection: A policy on activities had been devised and implemented.	
Requirement 3 Ref: Regulation 24	Any records made of complaints should be signed and dated at the point of entry.	Met
	Action taken as confirmed during the inspection: Complaints were recorded appropriately.	

Recommendation 1 Ref: Standard 8.2	The outcome of the screening of referrals made by the home to the Trust to the safeguarding team should be held in the home.	Met
	Action taken as confirmed during the inspection: Records on the referrals for safeguarding were now held in the home.	

5.3 Standard 1- Residents' Involvement

Is Care Safe? (Quality of Life)

Staff actively seek residents' and their families' views and incorporate these into practice. There are no residents who live permanently in the Cottages. Residents in this home are accommodated for planned periods of respite care. The approximate length of any stay is 5 days. Each Monday the group of residents changes. A meeting is held on Monday evenings with the new group of residents. Minutes of these meetings record the choices of residents for activities and their food preferences. Residents are assigned a key worker for the duration of their stay. Guidance is given to each resident, in pictorial form, on the method to make a complaint.

Is Care Effective? (Quality of Management)

We noted a range of methods and processes by which residents' and their families' views were sought about the respite service. Questionnaires are sent to families. An evaluation is completed by each resident at the conclusion of their stay in the home. The views and opinions of residents and their families are used to plan the respite service. We noted in the comments that residents and their families were happy with the service provided. Issues arising were in relation to the lack of emergency respite provision available in the home. The Trust was aware of the matters raised by families in this regard. We inspected the home's Statement of Purpose last reviewed in April 2014. This document sets out the values of quality, safety and individualised personal care as the basis of the respite service provided. We inspected the annual monitoring reports for several previous years. The current report 2015/2016 was not available for inspection. A recommendation has therefore been made.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and two residents we identified that residents are listened and responded to by staff. Staff members were knowledgeable about residents' individual needs and preferences. The seven residents accommodated on the day of our inspection were reported to know each other and get on well. The home had the option to admit fewer residents at any one time. This occurs where the needs assessment of individual residents indicates that they will relate better to a fewer number of other residents being present. Staff recognised, in their discussions with us that the respite service is a quality scheme for the families as well as the residents and that planned regular respite was crucial in allowing residents to live at home for as long as possible. The practice we observed was seen to be respectful and caring.

Areas for Improvement

A recommendation has been made in regard to the annual monitoring report. The overall assessment is that the home was providing safe, effective and compassionate care in respect of this standard.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

Residents come for short, planned breaks in this home. Their continence needs have already been assessed and a regime established by their carers at home. Staff in the home receive and continue the care plan already in place. Residents bring their own incontinence aids with them to the home and any surplus is returned with them on discharge home. The care files we inspected contained “toileting programmes” for residents not assessed as incontinent.

Is Care Effective? (Quality of Management)

We noted that the home had written policies and procedures relating to continence management. Our inspection of the care files showed that the continence needs of residents were fully documented and that infection control measures were considered.

In our discussions with staff and inspection of the care records we identified that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted on inspection of the premises.

Is Care Compassionate? (Quality of Care)

In our observations of care practice we found that the two residents were treated with dignity and respect. We inspected a guide for Carers who use the service dated December 2014. The guide contained information on the objective of the service which is to support carers and provide a break for them and their family. In our discussions with staff they demonstrated an awareness of the strain of families who care for adults who have learning difficulty and physical needs. Staff were aware that the provision of assistance with continence had the potential for a loss of dignity for residents. Staff confirmed that this is undertaken in a discreet manner which protects the individual’s privacy.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, care in relation to continence management was assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Residents

There were two residents in the home during this inspection. We met with both and, in accordance with their capabilities, they indicated that they were happy with the service provided, their relationship with staff and the provision of their meals. Comments included:

“I like it here”

“Good food”

5.5.2 Staff Views

We met with two staff members who spoke positively about their role, duties and teamwork. Staff confirmed to us that they are supported in their role by the provision of regular training. A staff member stated “We try to give people (residents) as great a choice in all things as we can – we want them to enjoy their time here and to look forward to coming back”

5.5.3 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard. There were no hazards noted on our inspection of the home.

5.5.4 Fire Safety

The home had a fire risk assessment dated 21 January 2015. Fire training is up to date the latest session was held on 19 May 2015. Fire alarms are tested weekly and the outcome recorded.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Gibson as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1	The annual monitoring report for year 2014/2015 should be held in the home		
Ref: Standard 1.7	Response by Registered Person(s) Detailing the Actions Taken: The annual monitoring report is now completed for year (2014/2015) and is available to view.		
Stated First time			
To be Completed by: 15 July 2015			
Registered Manager Completing QIP	Alice Boyle	Date Completed	13/07/15
Registered Person Approving QIP	<i>Alice Boyle</i>	Date Approved	4 Aug 2015
RQIA Inspector Assessing Response	<i>Ruth Greel</i>	Date Approved	10/8/2016

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address